

INSTRUCTIONS FOR STATE CONTROLLER'S TRANSACTION REQUEST

1. Page: If multiple pages involved , please note here.
2. Agency: Enter name of agency submitting transaction.
3. Address: Enter address of state agency submitting transaction.
4. Agency Document Number: Enter letter number if applicable.
5. Appropriation Data: Enter either the four (4) or seven (7) digit fund number, agency, fiscal year, reference, category or program in correct column. If applicable, fill in element, component, task and revenue/object code.
6. Amount: Enter the amount of your request. Please be sure to input amount in the proper decimal point position .
7. D/C Column: Enter whether this is a DEBIT (D) or a CREDIT (C). See chart below for guidelines.
8. "A" Column: Enter the appropriate account type. See chart below for guidelines.

COLUMN 7		COLUMN 8	
Increase	Decrease	Account Types	Account Description
Credit	Debit	<b>D</b>	Disbursing
Debit	Credit	<b>F</b>	Reimbursement or payable
Credit	Debit	<b>T</b>	Transfer
Credit	Debit	<b>R</b>	Revenue

9. Source Fund: If account is a reimbursement or payable, you must enter the four (4) or seven (7) digit source fund.
10. Description: The description field consists of 25 spaces. DO NOT input past the SOLID black lines.  
  
The description for a Plan of Financial Adjustment MUST contain the following per SAM Section 8452.1:  
a. Month and year that the transfer is for.  
b. Whether the PFA is Actual or Estimated.  
c. Letter number (Optional).  
**EXAMPLE: PFA ACTUAL JUL 96 LT 123**  
**DO NOT USE ANY SPECIAL SYMBOLS IN THIS FIELD, i.e. # , : ' ; . ( )**
11. Chapter Number/Year/Item: Enter chapter number/year/item that authorizes transaction, or any applicable legal authority.
12. Program Description: Enter program description as identified in the Budget Act Item or Special Legislation Section code.

For Items 13 through 16:  
**IF YOUR TRANSACTION REQUEST CONSISTS OF MORE THAN ONE PAGE, ENTER THE FOLLOWING ON PAGE 1 ONLY.**

13. Type of Transaction: Enter Plan of Financial Adjustment, Controller's Receipt Correction, Claim Schedule Correction, etc.
14. Reason for request / Legal Authority: Write detailed explanation and cite appropriate legal authority for request .
15. Authorized Signature: This represents the person certifying the correctness of the document.  
**THIS MUST BE AN ORIGINAL SIGNATURE.**
16. Contact Person: Name of person to be contacted if questions need to be answered.
17. Phone number / Date: Phone number of contact person and date transaction request completed.

GENERAL NOTES:

This format is designed to be a direct INPUT document. To insure that documents are processed correctly, the following criteria must be met. Failure to comply with these requirements will result in the document being returned to your agency unprocessed.

- A. **THIS FORM WILL ONLY BE ACCEPTED ON 8 ½" X 14" LEGAL SIZE PAPER.** Before submitting original requests, fax a completed sample to SCO for review. Fax Number (916) 323-6527 or CALNET 8-473-6527.
- B. All sections, except the amount column, are left justified. All appropriation, amount and description input must be entered between the tick-marks provided on the worksheet.
- C. DO NOT fill in any areas designated "CONTROLLER'S USE ONLY" or "SCO USE ONLY."
- D. As this form will not be available in stores, all state agencies, campuses, boards, commissions and departments will be responsible for reproducing this form.
- E. This new form is available on diskette. If you wish to develop this form on your own system, it must first be approved by the State Controller's Office. Any forms not authorized by the SCO will be returned unprocessed. Questions regarding the approval process or obtaining a diskette should be directed to Walter Parker at (916) 327-1715 or Email [wwparker@ix.netcom.com](mailto:wwparker@ix.netcom.com).

STATE CONTROLLER'S USE ONLY												
DOCUMENT NO.				DATE							MSG	
C C Y Y M M D D				Code								
J E												

STATE OF CALIFORNIA  
OFFICE OF THE STATE CONTROLLER  
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC	VERIFIED BY:
Code	
	DATE:

(1) PAGE \_\_\_\_ OF \_\_\_\_

Agency: (2)	Address: (3)	Agency Document Number: (4)
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FUND		AGY	FY	M	REF/ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO	REV/OBJ	AMOUNT					D	SCO USE					SOURCE FUND				
C		A	T	O	B																											
(5)																	(6)										(7)	(8)				(9)
DESCRIPTION						(DNKP)	CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION															
(10)																	(11)														(12)	
DESCRIPTION						(DNKP)	CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION															
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DESCRIPTION						(DNKP)	CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION															

TYPE OF TRANSACTION: (13)	I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.
LEGAL AUTHORITY AND REASON FOR REQUEST: (14)	
	AUTHORIZED SIGNATURE: (15)
	CONTACT PERSON: (16)
	PHONE FOR CONTACT: (17)
	DATE: (18)



STATE CONTROLLER'S USE ONLY

DOCUMENT NO.

DATE

MSG Code

J E

STATE OF CALIFORNIA

OFFICE OF THE STATE CONTROLLER

TRANSACTION REQUEST

CR Correction SAMPLE

STATE CONTROLLER'S USE ONLY

TC Code

VERIFIED BY:

DATE:

Agency: Department of Examples

Address: 1212 Capitol Ave, Sacramento, CA 95814

Agency Document Number: Ltr 97-001

FUND		AGY	FY	M	REF/ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO	REV/OBJ	AMOUNT					D	SCO USE					SOURCE FUND																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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TYPE OF TRANSACTION: Controller Receipt Correction

LEGAL AUTHORITY AND REASON FOR REQUEST: Controller's Receipt No. 67890 dated 8/8/97 RA No. ZZ970013  
Incorrect account coded on remittance advice. Proper personnel have been notified to prevent future errors.

I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.

AUTHORIZED SIGNATURE:

CONTACT PERSON: Joan Stateworker

PHONE FOR CONTACT: 916-555-5555

DATE: 09/06/97

STATE CONTROLLER'S USE ONLY

DOCUMENT NO.

DATE

MSG Code

J E

STATE OF CALIFORNIA

OFFICE OF THE STATE CONTROLLER

TRANSACTION REQUEST

Claim Schedule SAMPLE

STATE CONTROLLER'S USE ONLY

TC Code

VERIFIED BY:

DATE:

Agency: Department of Examples

Address: 1212 Capitol Ave, Sacramento, CA 95814

Agency Document Number: Ltr 97-102

FUND	AGY	FY	M	REF/ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO	REV/OBJ	AMOUNT	D C	A	T	O	B	SOURCE FUND
0001	99901	997		001					01							9998877	D	D				
DESCRIPTION					(DNKP) CHAPTER NUMBER/YEAR/ITEM					PROGRAM DESCRIPTION												
C O R S C H 9 7 9 9 0 1 L T R 1 0 2					Chapter 282/97 Budget Act of 1997					Support												
0999002	99901	997		001					99							9998877	C	D				
DESCRIPTION					(DNKP) CHAPTER NUMBER/YEAR/ITEM					PROGRAM DESCRIPTION												
C O R S C H 9 7 9 9 0 1 L T R 1 0 2					Chapter 282/97 Budget Act of 1997					Clearing Account												
DESCRIPTION					(DNKP) CHAPTER NUMBER/YEAR/ITEM					PROGRAM DESCRIPTION												
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DESCRIPTION					(DNKP) CHAPTER NUMBER/YEAR/ITEM					PROGRAM DESCRIPTION												

TYPE OF TRANSACTION: Claim Schedule Correction

LEGAL AUTHORITY AND REASON FOR REQUEST: Claim Schedule 9979901 9/1/97 Warrant No.: 08-987654 - 09-456789  
Incorrect account coded on claim schedule. Proper personnel have been notified to prevent future errors.  
Contract No.: C98765  
Purchase No.:  
Interagency Agreement No.:

I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.  
AUTHORIZED SIGNATURE:  
  
CONTACT PERSON:  
Joan Stateworker  
PHONE FOR CONTACT: 916-555-5555  
DATE: 09/06/97

STATE CONTROLLER'S USE ONLY												
DOCUMENT NO.				DATE							MSG	
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STATE OF CALIFORNIA  
OFFICE OF THE STATE CONTROLLER  
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC	VERIFIED BY:
Code	
	DATE:

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Agency:	Address:	Agency Document Number:
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FUND	AGY	FY	M	REF/ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO	REV/OBJ	AMOUNT					D	SCO USE					SOURCE							
																			C	A	T	O	B	FUND										
DESCRIPTION					(DNKP)	CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION																		
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CONTACT PERSON:	
PHONE FOR CONTACT:	DATE: